

**Weatherization Program
Minority Business Participation Annual Report**

Instructions: Complete and submit as part of the annual Weatherization Close-out package.

Contract #:	Period Covered (mm/yy to mm/yy):	Report Date (mm/dd/ccyy):
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Project Name: Low-Income Weatherization Assistance Program

Prime Vendor/Contractor (Weatherization Grantee Name):	FEIN#:
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Minority Vendor/Contractor Name	Product/Service Purchased	Agreement Date (mm/dd/ccyy)	Subcontract \$ Amount

If no business was awarded to minority business firms for this period, please describe the efforts made to encourage minority business participation.

I certify that the information contained on this report is true and accurate and that I am an authorized representative of the prime vendor/contractor identified above.

By: _____
Authorized Representative (print name)

Title

Authorized Representative Signature